

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	5					
7	1					
8	1					
9	1					
10	1					
11	2					
12	2					
13	2					
14	2					
15						
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26						
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28						
29						
30						
31						
32	1					
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	19					
TOTAL CLAIMS	22					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS